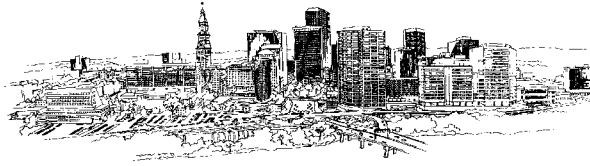




CITY OF HARTFORD



Hartford Police Department
50 Jennings Road
Hartford, CT 06120
Tel: (860) 527-7300 ext. 5504



Office of Human Relations
550 Main Street
Hartford, CT 06103
Tel: (860) 543-8595

Citizen Complaint Form

Complainant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

Did you witness the incident: Yes [] No []

For Office Use Only

Complaint Received

Date: _____

Time: _____

By: _____

IAD #: _____

Case #: _____

Classification: _____

Investigator: _____

Date Assigned: _____

Date of Final Report: _____

If you are filing this complaint on behalf of someone else, please provide this person's information below.

☐ Parent ☐ Spouse ☐ Relative ☐ Guardian ☐ Child ☐ Friend ☐ Other _____

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male ☐ Female ☐ Race/Ethnicity: _____

WITNESS 1

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male ☐ Female ☐ Race/Ethnicity: _____

WITNESS 2

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male ☐ Female ☐ Race/Ethnicity: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of the Incident:

(Please write as much detail as possible.)

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper or a document template. There are no margins, text, or other markings present.

Please provide a detailed description of the police officer(s) against whom you are complaining.

OFFICER 1:

Rank: _____ Name: _____ Date of Birth: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car: []?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

OFFICER 2:

Rank: _____ Name: _____ Date of Birth: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car: []?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

Please check ☐ below which offense (s) best fits your complaint.

- | | |
|---|---|
| <input type="checkbox"/> Commission of a Crime | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Conduct Unbecoming an Officer | <input type="checkbox"/> Illegal Search and Seizure |
| <input type="checkbox"/> Illegal Arrest | <input type="checkbox"/> Illegal Search During Arrest |
| <input type="checkbox"/> Denial of Medical Treatment | <input type="checkbox"/> Neglect of Duty |
| <input type="checkbox"/> Discourteous Attitude | <input type="checkbox"/> Profane Language |
| <input type="checkbox"/> Excessive Force After Arrest | <input type="checkbox"/> Traffic Complaint |
| <input type="checkbox"/> Excessive Force During Arrest | <input type="checkbox"/> Violation of the Code of Conduct |
| <input type="checkbox"/> Excessive Force Without Arrest | <input type="checkbox"/> Civil Rights Violation |
| <input type="checkbox"/> Failure to Provide Medical Attention | |

If mediation were offered in an attempt to resolve this complaint, would you be willing to sit down with the officer and a third party to resolve this issue? ☐ Yes ☐ No

I have read (or have had read to me) the above statement and it is true to my best of my knowledge, information and belief.

Complainant Signature: _____

(Print Name): _____

Witness Signature: _____

(Print Name): _____

STATE OF CONNECTICUT
COUNTY OF HARTFORD

On this, the ____ day of _____, 200____, before me, _____, the above signed individual, personally appeared and is known to me or satisfactorily proven to be the person whose name is subscribed to this complaint and acknowledges that he/she executed the same for the purpose therein contained. In witness thereof I hereunto set my hand pursuant to Section 1-24 of the Connecticut General Statutes.

Signature _____

Title _____